

South Dakota Tobacco Control Program Annual Report Fiscal Year 2005

Tobacco use remains the leading cause of preventable death in South Dakota. More deaths are caused each year by tobacco use than by human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders *combined*.

In South Dakota, the Department of Health (DOH) is the lead agency for the statewide management of tobacco use prevention and cessation efforts. The Tobacco Control Program works to reduce the morbidity and mortality caused by tobacco use, and focuses efforts in three goal areas:

- Reduce the number of young people who start using tobacco;
- Increase the number of people who quit using tobacco; and
- Reduce the number of nonsmokers exposed to secondhand smoke.

The Tobacco Control Program is involved in a variety of activities that are designed to achieve these goals – all of which are based on the Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Program*. The nine components of comprehensive tobacco control are: (1) community programming; (2) linkage to chronic disease programs; (3) school programming; (4) linkage to enforcement of tobacco control policies; (5) statewide programming; (6) counter-marketing; (7) cessation programming; (8) surveillance and evaluation; and (9) administration and management. The following summarizes program efforts in each of the nine component areas.

❖ **Community Programming**

Local programs are an effective part of comprehensive prevention efforts that involve community/business leaders, health care providers, school personnel, young people, parents, and others interested in tobacco prevention and control efforts. In FY05, the DOH awarded 16 communities up to \$20,750 each to support local tobacco prevention efforts, along with providing technical assistance throughout the year. These awards were made through an RFP process from applications received based on the population being served, activities proposed, and available funding. Community-based coalitions funded included: Aberdeen, Brookings, Chamberlain, Flandreau, Ft. Thompson, Hamlin County, Hurley, Mitchell, Rapid City, Roslyn/Webster, Sioux Falls, Sturgis, Wagner, Watertown, Waubay, and Yankton.

Many tobacco prevention activities are undertaken by community coalitions. During the past year, examples of the efforts conducted at the local level include:

- Working with healthcare providers who offer perinatal education to expectant and new parents on the dangers of tobacco not only to the mother smoking, but also the baby and others in the home.
- Providing education and counter-marketing to the public about the dangers of tobacco use and secondhand smoke.
- Increasing awareness of credible cessation services for the general public through health care providers, schools, and others within their community.
- Promoting tobacco-free lifestyles and the "social norm" that the majority of people do not use tobacco. Efforts such as this are conducted to help young people realize that "everyone is *not* doing it".

- Continuing to encourage and support implementation of policies to protect non-smokers from secondhand smoke and the serious health problems it causes. For example, high school students in one community received education about the dangers of secondhand smoke and were given small "window clings" for vehicles so passengers are aware that their vehicle is a "smoke-free zone".
- Providing culturally-sensitive tobacco prevention education and messaging about the dangers of commercial tobacco use.
- Promoting tobacco prevention curricula and other resources to schools.
- Assisting businesses and facilities with smoke- and tobacco-free policies to post signage and provide employees with educational materials and referrals to cessation programs.
- Providing a variety of educational materials and resources to communities, schools, other agencies, and individuals interested in tobacco prevention

❖ **Linkage to Chronic Disease Programs**

Addressing tobacco prevention in conjunction with chronic disease programs ensures wider dissemination of information. This linkage also leads to a broader range of methods to increase prevention and cessation efforts, especially for people with diseases exacerbated by tobacco use.

The Tobacco Control Program has worked closely with chronic disease programs such as Diabetes Prevention and Control Program, *All Women Count!* Breast and Cervical Cancer Control and Chronic Disease Screening Programs, and the Cardiovascular Disease Program to promote cessation, educate about the dangers of tobacco use and the harmful effects of secondhand smoke. Examples of efforts include:

- Information about the South Dakota QuitLine and tobacco prevention was integrated with the educational and communication materials of chronic disease programs. For example, information about the QuitLine and the health effects of secondhand smoke was sent to over 6,300 people with diabetes and to over 1,700 tobacco users enrolled in the Breast and Cervical Cancer Control Program. Program staff also collaborated to update a diabetes case management program used by clinicians to include tracking, referrals, and quality assurance reporting related to tobacco use and advice to quit.
- Tobacco cessation and prevention information is also linked to the following chronic disease program websites: Cardiovascular Health, Breast and Cervical Cancer, Diabetes Control, and *Healthy South Dakota*.
- The Tobacco Control staff and *All Women Count!* staff worked together with partners to revise tobacco cessation and referral manuals for healthcare providers. The clinicians serve women who need assistance to obtain breast cancer, cervical cancer, diabetes, and heart disease screening exams.

❖ **School Programming**

Several studies have shown that school-based tobacco prevention programs can reduce or delay smoking. The impact of these programs can be increased by conducting other efforts, such as counter-marketing and community prevention efforts including promoting tobacco-free policies. Tobacco Control Program staff collaborate with others such as the Department of Education and Coordinated School Health Program, prevention resource centers, and local coalitions to encourage schools to implement evidence-based, tobacco prevention curricula.

As in the past, the Tobacco Control Program continued to promote a prevention education infusion model which allows effective prevention curriculum lessons to be spread across various subject areas. Curriculum directors from around the state have correlated the lessons to the state content standards in several subject areas to allow teachers to reinforce tobacco prevention education while meeting expected standards. This enables schools to take on prevention education without undue burden on staff or compromising efforts to meet testing standards.

The Tobacco Control Program also offered resources to schools interested in implementing effective prevention curricula and programs such as teacher training, purchasing effective curricula and support materials, and supporting workshops where teachers can determine how to replace or adapt existing lessons using appropriate prevention lessons.

Training was also conducted for Flandreau Indian School as well as schools in Mitchell and Aberdeen using the American Lung Association's "Not On Tobacco" (N-O-T) program. N-O-T is a tobacco cessation program designed for teens, to enable them to live tobacco-free.

❖ **Linkage to Enforcement of Tobacco Control Policies**

Enforcing tobacco control policies sends a message to the public that such policies are important and supports the social norm that most people do not use tobacco.

The Tobacco Control Program works to support tobacco-free policies as a means of reducing the negative role modeling to children and protecting non-smokers from secondhand smoke. Support includes supplying educational materials about the dangers of tobacco use, signage about existing policies and state law, sample policies for organizations interested in voluntary smoke-free policies, and referral materials for tobacco cessation service. The program provided 123 aluminum signs to several public and tribal schools, colleges, and healthcare facilities that provide a smoke- or tobacco-free environment.

❖ **Statewide Programming**

Statewide programming increases the effectiveness of local efforts, enhances the skills and resources of local prevention volunteers and makes valuable use of resources that would otherwise be difficult for individual communities to obtain. Examples of statewide programming conducted by the Tobacco Control Program include:

- Sponsored a tobacco prevention conference in August 2004 to provide education and resources to over 125 people working in communities around the state. This workshop featured educational sessions led by speakers from around the region and the nation who provided information to community members and tobacco prevention staff.
- Conducted a Tobacco Prevention Campus Symposium in October 2004 for approximately 60 students and staff from 11 universities and technical schools in South Dakota. Education was provided about the highly addictive nature of tobacco products, as well as the effects of secondhand smoke, fire damage due to cigarette smoking, and effective policies to reduce exposure to secondhand smoke among 18-24 year olds.
- Provided members of the South Dakota Tribal Tobacco Coalition, staff from Aberdeen Area Tribal Chairmen's Health Board (AATCHB), and other tribal agencies and communities with radio and TV media produced specifically for American Indian people in the state throughout 2004 and 2005. The materials featured American Indian people from the state and included a Lakota translation of the prevention message. Posters and other print materials were also provided to support prevention efforts in tribal communities across the state. Materials from this campaign were public-service award winners in state and

regional competitions of the Advertising Association. The Tobacco Control Program and the agency that developed the campaign were also invited to conduct a session about the campaign at the National Tobacco Prevention Conference in May 2005 to assist other states interested in serving this population.

- Provided support for college students and staff to attend the 4th National Tobacco Symposium for Young Adults in March 2005. College students and advisors from Northern State University, University of South Dakota, and South Dakota State University who work on campus tobacco prevention attended the symposium. Attendees were provided with the latest information about tobacco use among their age group and strategies to build tobacco control efforts among young adults.
- Supported and encouraged efforts by health care providers around the state to advise patients to quit using tobacco, including those providing service to pregnant females and new parents, throughout 2004 and 2005. The program provided education and written materials to clinicians about treating tobacco use and dependence.
- Provided training to 221 individuals in 25 different communities using the American Lung Association's Teens Against Tobacco Use (TATU) program, since the last report submitted. This program educates teens about the dangers of tobacco use and encourages them to work with elementary age children to have a tobacco-free lifestyle while providing positive role models for the younger children.
- Shared tobacco-related resources and materials with numerous other programs and state agencies, since the last report. For example, information about the SD QuitLine and the health hazards of secondhand smoke were provided to 13,000 families served by the Women Infants & Children (WIC) Supplemental Nutrition Education program. The Department of Social Services was given QuitLine referral materials to share with 25,000 clients (i.e., Medicaid and TANF). Other examples of recipients of educational and cessation resources were clinicians in private and public health practice across the state, tribal and IHS health facilities, and the Ronald McDonald Care Mobile. The program also works with statewide groups such as the Comprehensive Cancer Consortium, Oral Health Program, as well as medical and dental providers to coordinate ongoing efforts to reduce the tobacco-related impact on death and disease.

❖ **Counter- Marketing**

Tobacco products are among the most intensely advertised and promoted products in the United States. Marketing expenditures reported to the Federal Trade Commission in August 2005 were the highest ever reported – over \$15 billion was spent by the major tobacco manufacturers in 2003. While the industry also reported spending on advertising intended to reduce youth smoking, the World Health Organization reported that research independent of the tobacco industry found that youth exposed to a major tobacco manufacturer's ads were more likely to be open to the idea of smoking.

Research has shown that state-sponsored, anti-tobacco advertising is associated with greater anti-tobacco sentiment and reduced smoking, especially when combined with other prevention efforts. Therefore it is important to conduct counter-marketing and other components of comprehensive tobacco control to counteract pro-tobacco influences.

The DOH has conducted a variety of media campaigns to counter pro-tobacco influences including:

- Youth Prevention (November 2004 - January 2005) – The ad campaign used television and radio outlets with a strong youth following, as well as program ads for sporting events

involving youth across the state. Ads selected were designed to prevent youth from starting to use tobacco.

- Tobacco Cessation (November 2004 - February 2005) – Ads developed for the South Dakota QuitLine were used for this cessation campaign. The campaign ran on TV, radio, billboards and in newspapers. Ads targeted adult and young adult smokers, with special placement to reach American Indian people, to encourage them to use the QuitLine's services.
- Spit Tobacco Use Prevention/Secondhand Smoke (January 2005 - March 2005) – Spit tobacco prevention and secondhand smoke consisted of educational media used successfully by other states on TV and radio. Ads targeted adults, especially parents, and young adults.
- Secondhand Smoke/Cessation for American Indian people (March 2005 - April 2005) – Ads developed for the DOH were used for this campaign. Ads were placed on TV, radio, newspapers and a culturally specific magazine.
- Tobacco Cessation/QuitLine Promotion (May 2005 - June 2005) – TV testimonial ads were used for this cessation campaign. Newspaper ads and a billboard developed by the DOH were also run across the state. Placement was designed to reach families with low incomes and in rural areas.
- Second Chance QuitLine (July 2005 - August 2005) – Information about the opportunity for people to use the line a second time was added to existing ads developed by the DOH. Ads were placed on radio to target adult females and the American Indian population in the state.

The Tobacco Control Program also provided support and technical assistance to communities across the state with local counter marketing activities. The program provided access to professionally developed and tested messages and media, assisted with news releases about local prevention efforts, provided prevention banners to members of the South Dakota Tribal Coalition, provided public access to several educational pieces through the DOH resource web page: <https://www.state.sd.us/applications/PH18Publications/secure/Puborder.asp>, as well as through mailings and distribution at public events. Over 15,000 spit tobacco brochures, 26,000 secondhand smoke brochures, 60,000 QuitLine Brochures, 2,500 QuitLine posters, 68,000 QuitLine cards, 10,000 posters for American Indian people, and 1,000 signs about the benefits of quitting tobacco were distributed.

❖ **Cessation Programming**

More than 70% of smokers want to quit but few succeed without help. According to the CDC publication *Coverage for Tobacco Use Cessation Treatments*, tobacco cessation treatment at least *doubles* quitting success rates. Tobacco use cessation treatment is the single most cost-effective health insurance benefit for adults that can be provided to employees.

The South Dakota QuitLine provides statewide access to toll-free, telephone cessation counseling and also offers discounted nicotine replacement patches or prescription medicine to participants. The QuitLine has provided cessation services to more than 23,000 individuals since it started in January 2002; over 2,200 tobacco users in calendar year 2004. In the third year of operation, the statewide QuitLine demonstrated a 27% quit rate, 12 months after service, for respondents reached at follow-up. This is nearly the same figure as in the first year of the QuitLine, when operations were very similar but less than in year two when the majority of participants were provided free medications. In comparison to people who try to quit without support, only 5% of people who quit on their own are still abstinent a year later. In July 2004, the QuitLine was transitioned to Avera McKennan which was selected as the new vendor through an RFP process.

The QuitLine has addressed many barriers that hinder attempts to quit. The services are provided in the privacy of one's own home. Support of healthcare providers was very strong with nearly half of the participants reporting they heard about the QuitLine from a health care professional.

Beginning in June 2005, tobacco users who have tried the QuitLine once before have been given a second chance to use the service. Tobacco users who have relapsed are eligible for a second opportunity to obtain cessation counseling and discounted cessation medication if they participate in the QuitLine.

❖ **Surveillance and Evaluation**

Monitoring tobacco-related behaviors and attitudes provides valuable information about progress toward goals and prevalence of tobacco use.

The 2003 Youth Tobacco Survey (YTS) was distributed to participating middle and high schools across the state. Key results from that report are included at the end of this report, and additional data can be found on the Tobacco Control Program website. In an effort to streamline data collection and reduce the number of surveys being conducted in schools (while maintaining an adequate level of surveillance), the Tobacco Control Program is collaborating with the Department of Education to use the Youth Risk Behavior Survey (YRBS) to obtain data about tobacco use by high school students. The 2005 YTS will be conducted in middle schools across the state during the fall and winter months. Results from this survey are expected to be available in the last quarter of this fiscal year.

The Behavioral Risk Factor Surveillance System (BRFSS) survey, Adult Tobacco Survey, and information from the DOH Office of Data, Statistics, and Vital Records have also been used to monitor attitudes and behavior related to tobacco use and help direct program efforts. Prevention efforts can then be intensified in areas of greatest need and with specific population groups showing high use, such as American Indians, people with low socio-economic status, pregnant females, and youth.

❖ **Administration and Management**

Effective programming requires strong program management and coordination of a variety of efforts. The following Tobacco Control Program staff integrate tobacco prevention efforts at the state and local level in all of the component areas of comprehensive tobacco control.

- The *Project Director* is responsible for overall program management, QuitLine coordination, monitoring of program budget, liaison with other agencies and health care organizations, and
- The *Program Coordinator* focuses on CDC grant management and coordination of regional tobacco prevention efforts (i.e., local coalition support and oversight).

The program also enlists input from the Tobacco Advisory Committee which is made up of individuals working on tobacco prevention in various areas such as American Indian communities, medical and dental professionals, professionals working with high school and college students, and partner organizations such as the American Cancer Society and American Lung Association.

TOBACCO CONSUMPTION

The best estimate available for tobacco consumption in South Dakota is collected by the South Dakota Department of Revenue and is based on cigarette tax stamps sold and the tax paid by wholesalers/distributors for other tobacco products. This indirect method of measuring consumption is also used by other states. The following figures represent the number of cigarette tax stamps sold in a fiscal year and the tax paid by wholesalers for other tobacco products.

Fiscal Year	# of Cigarette Tax Stamps Sold	Tax Paid by Wholesalers for Other Tobacco Products
2005	52,640,731 for stamped packs of 20 cigarettes 122,773 for stamped packs of 25 cigarettes	\$1,444,045
2004	52,322,330 for stamped packs of 20 cigarettes 153,701 for stamped packs of 25 cigarettes	\$1,362,950
2003	54,068,551 for stamped packs of 20 cigarettes 136,468 for stamped packs of 25 cigarettes	\$1,325,013
2002	56,265,587 for stamped packs of 20 cigarettes 131,739 for stamped packs of 25 cigarettes	\$1,246,834

NOTE: The tax rate for cigarettes increased on March 24, 2003 from \$0.33 per pack to \$0.53 per pack.

TOBACCO CONTROL PROGRAM CONTRACTS (FY 2005)

NOTE: Some contracts may cross state fiscal years with services beginning in one year and continuing into another.

❖ Regional Tobacco Prevention Contracts

There are four regional prevention contracts held by the Tobacco Control Program. The purpose of these contracts is to provide prevention services and resources to individuals and organizations across the region, as well as to communities with organized tobacco prevention coalitions.

- Northeast Prevention Resource Center \$190,137
Human Service Agency
123 19th Street
Watertown, South Dakota 57201
Contract Period: June 1, 2004 – May 31, 2005
Administrative Costs: \$10,495
Service Area: Beadle, Brookings, Brown, Buffalo, Campbell, Clark, Codington, Day, Deuel, Edmunds, Faulk, Grant, Hamlin, Hand, Hughes, Hyde, Jerauld, Kingsbury, Lake, Marshall, McPherson, Miner, Moody, Potter, Roberts, Sanborn, Spink, Sully, and Walworth.
Funds awarded to community coalitions in the NE region through RFP process in FY05:
 - Aberdeen \$18,750
 - Brookings \$20,750
 - Hamlin County \$14,700
 - Roslyn-Webster \$16,412
 - Watertown \$20,400*Comments:* This contract also provided support for a statewide College/Technical Institute Workshop and support for schools statewide that needed training and materials to support use of the Life Skills tobacco prevention curriculum.

2. Southeast Prevention Resource Center \$151,412
Volunteers of America, Dakotas
1309 W. 51st Street
Sioux Falls, South Dakota 57105
Contract Period: June 1, 2004 – May 31, 2005
Administrative Costs: \$16,223
Service Area: Aurora, Bon Homme, Charles Mix, Clay, Davison, Gregory, Douglas, Hanson, Hutchinson, Lincoln, McCook, Minnehaha, Turner, Union, and Yankton.
Funds awarded to community coalitions in the SE region through RFP process in FY05:
– Hurley \$11,125
– Mitchell \$19,200
– Sioux Falls \$16,640
– Yankton \$20,100
Comments: This contract included additional service to coordinate the annual, statewide tobacco prevention workshop.
3. Western Prevention Resource Center \$113,036
202 E. Adams
Rapid City, South Dakota 57709
Contract Period: June 1, 2004 – May 31, 2005
Administrative Costs: \$7,886
Service Area: Bennett, Brule, Butte, Corson, Custer, Dewey, Fall River, Haakon, Harding, Jackson, Jones, Lawrence, Lyman, Meade, Mellette, Pennington, Perkins, Shannon, Stanley, Todd, Tripp, and Ziebach.
Funds awarded to community coalitions in the western region through RFP process in FY05:
– Chamberlain \$10,950
– Rapid City \$18,250
– Sturgis \$12,729
4. Black Hills Special Services Coop \$154,096
221 S. Central Avenue
Pierre, SD 57501
Contract Period: June 1, 2004 – May 31, 2005
Administrative Costs: \$8,745
Service Area: Services provided through this contract are similar to the regional contracts above with a focus on serving American Indian communities, organizations, and individuals. These efforts are coordinated with the Tobacco Prevention Program within the Aberdeen Area Tribal Chairmen's Health Board.
Funds awarded to American Indian community coalitions through RFP process in FY05:
– Flandreau \$15,225
– Ft. Thompson \$10,502
– Waubay \$18,000
– Wagner \$11,700

❖ **South Dakota QuitLine**

There were six contracts associated with the operation and evaluation of the South Dakota QuitLine.

1. Avera McKennan Hospital & University Health Center

800 East 21st Street

Sioux Falls, SD 57105

Contract Period: June 1, 2004 – May 31, 2007

Administrative Costs: Administrative costs are not billed separately in this contract. This is a fee-for-service contract with the fees as follows: A minimum monthly payment of \$4,725 for intake calls and \$23,231.25 for counseling calls plus \$15.75 for each intake call over 300 calls/month or 3,600 calls annually, and \$105 for each counseling call over 250 calls/month or 3,000 calls annually, and \$7 for each fax referral for which the consultant makes at least 3 separate attempts to proactively contact for counseling and provides the referring medical provider with a status report (for which the patient has given written permission to do so). In FY05, the amount paid through this contract was \$303,605.

Comments: The purpose of the contract is to provide telephone-based tobacco cessation counseling services. Through the contract, tobacco users across the state have access to quit-tobacco assistance five days/week from 8:00 am to 8:00 pm, and Saturday from 10 am to 2:00 pm. In addition, Avera provides written support materials to callers; referrals to local cessation programs for interested callers; facilitates the process for participants to obtain approved cessation medication; and provides reports in aggregate form about call volume and demographic data of callers using the South Dakota QuitLine.

2. Regents of the University of California Cancer Center \$10,000

University of California, San Diego

9500 Gilman Drive

La Jolla, CA 92093

Contract Period: November 1, 2004 – May 31, 2005

Administrative Costs: Administrative costs were not billed separately in this contract.

Comments: The purpose of this contract was to work with the DOH, the designated evaluator of the QuitLine (SDSU School of Nursing) and QuitLine service provider (Avera McKennan) to develop protocols for operation as well as to provide technical assistance in designing and implementing evaluation protocols of participant outcomes and satisfaction to ensure compliance with national standards.

3. South Dakota State University \$49,866

College of Nursing

Box 2275

Brookings, SD 57007

Contract Period: March 15, 2005 – May 31, 2007

Administrative Costs: Administrative costs are not billed separately in this contract.

Comments: The purpose of this contract is to provide evaluation of QuitLine services and provide reporting of quit rates/participant outcomes and caller satisfaction with the QuitLine service they received. The data collected is used to direct program efforts and provide reports regarding tobacco prevention and cessation efforts to the DOH, funding agencies, the Legislature and the public.

4. MediaOne Advertising Marketing \$10,000
3918 S. Western Avenue
Sioux Falls, SD 57105
Contract Period: July 30, 2004 – October 31, 2004
Administrative Costs: Administrative costs were not billed separately in this contract.
Comments: The purpose of this contract was to develop materials to promote the South Dakota QuitLine as well as materials for health care professionals and others referring tobacco users to the QuitLine. Materials were focused on populations with higher prevalence of tobacco use.

5. American Cancer Society \$75,000
1599 Clifton Road
Atlanta, GA 30329
Contract Period: July 1, 2004 – September 30, 2004
Administrative Costs: Administrative costs were not billed separately for this contract.
Comments: The purpose of the contract was to provide telephone-based, tobacco cessation counseling services and transition of data for the newly selected, in-state service provider of telephone counseling.

❖ **Tobacco Cessation (Quit Kit) Development**

Imagine Agency, LLC \$49,000
3615 Canyon Lake Dr.
Rapid City, SD 57702
Contract Period: March 7, 2005 – May 31, 2005
Administrative Costs: Administrative costs were not billed separately for this contract.
Comments: The purpose of the contract was to design and create tobacco quit kits to be used to encourage tobacco users to call the South Dakota QuitLine and provide support during the process of withdrawal from nicotine addiction.

❖ **Youth Tobacco Survey**

Minnesota Institute of Public Health: \$8,500
2720 Highway 10
Mounds View, MN 55112
Contract Period: November 26, 2004 – February 28, 2005
Administrative Costs: Administrative costs are not billed separately for this contract.
Comments: The purpose of the first contract was to analyze and report American Indian specific data from the 2003 Youth Tobacco Survey conducted in middle and high schools across the state. Race data was not available from CDC at the time the 2003 survey was originally conducted.

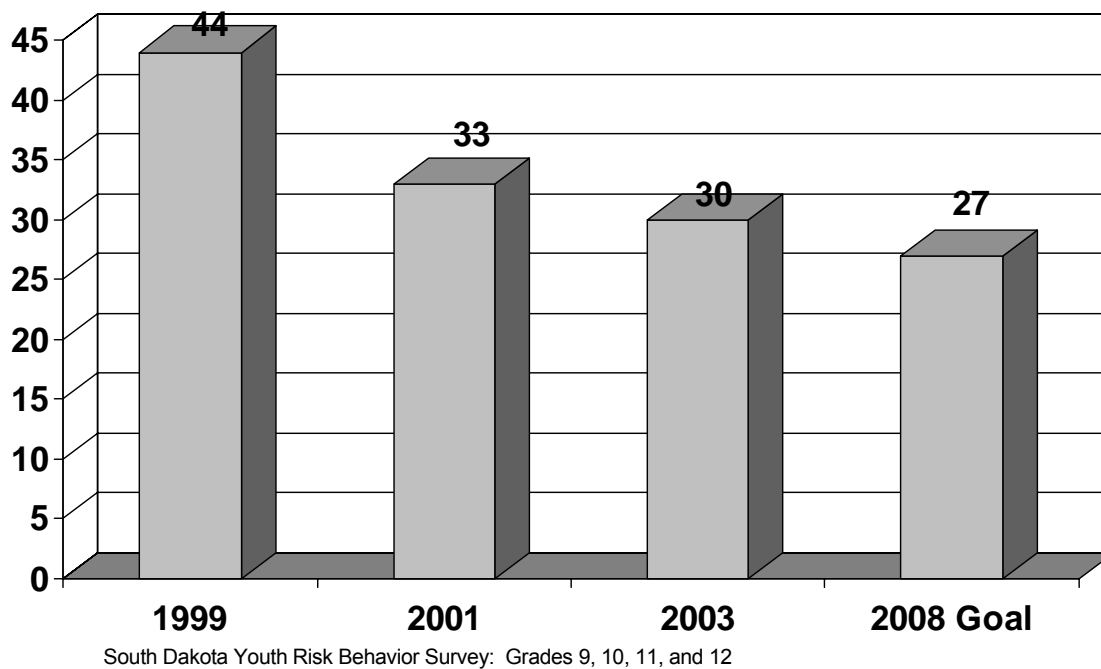
PROGRAM EXPENDITURES

Tobacco Control Program Expenditures – FY 2005				
Program Area	Federal	State	Other	Total
Community Programming	\$320,789	\$153,552	\$29,514	\$503,855
School Programming	-	\$47,968	\$521	\$48,489
Statewide Programming	\$909	\$149,764	-	\$150,673
Cessation Programming	\$318,272	\$891,741	\$8,835	\$1,218,848
Counter-Marketing	\$148,386	\$88,904	\$303,435	\$540,725
Surveillance/Evaluation	\$21,410	\$73,940	-	\$95,350
Administration/Management	\$163,577	\$21,816	\$438	\$185,831
TOTAL	\$973,343	\$1,427,685	\$342,743	\$2,743,771

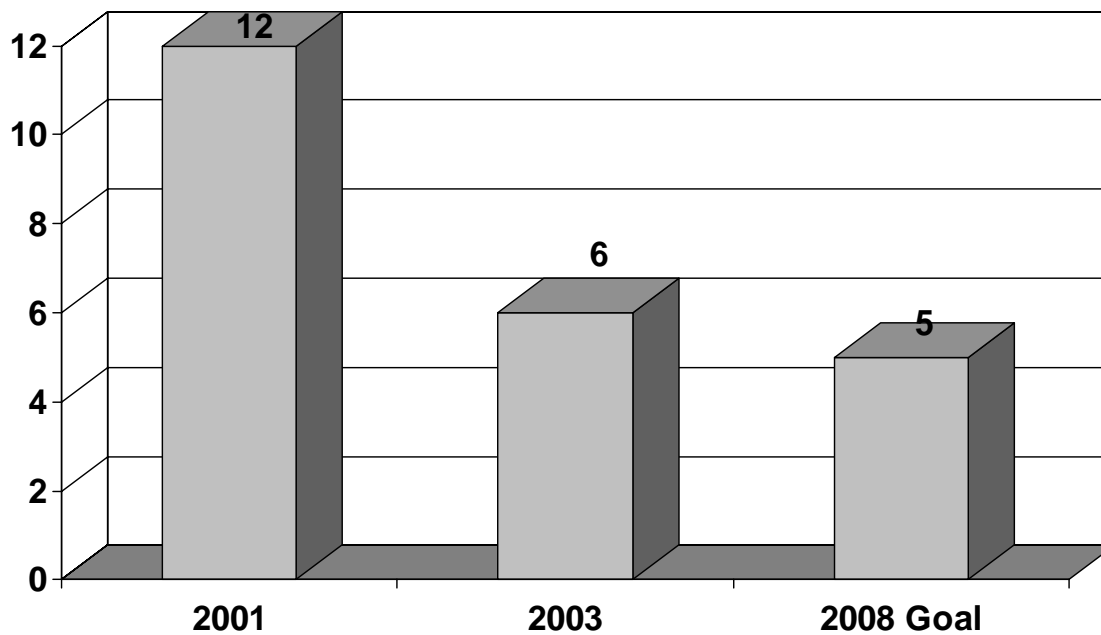
ATTACHMENTS

Goal 1. Prevent young people from starting to use tobacco products.

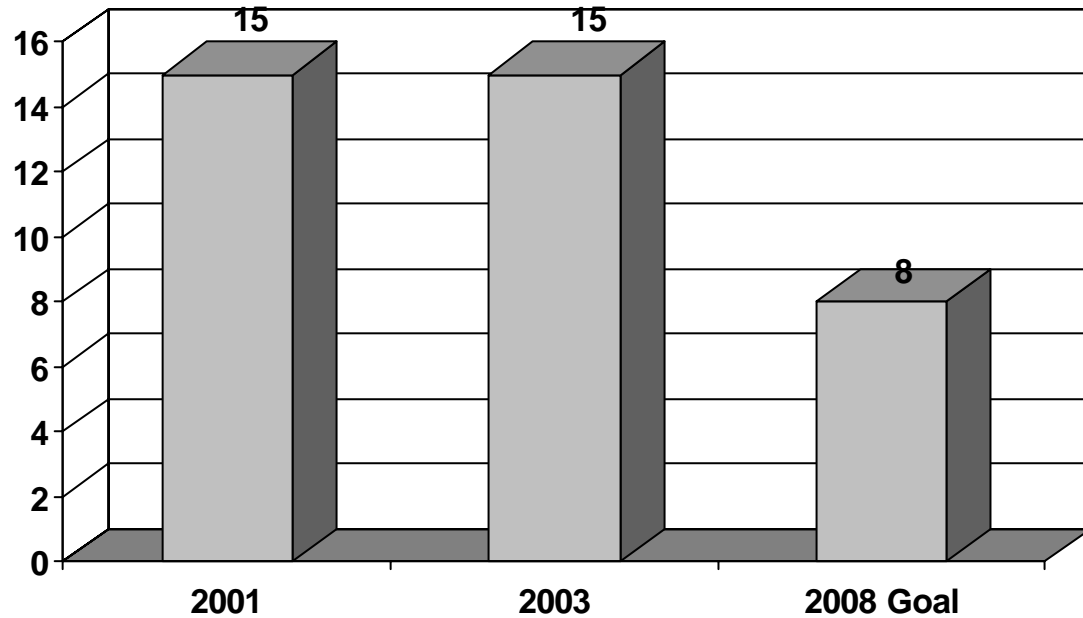
Percent of Current Smokers Grades 9-12



Percent of Current Smokers Grades 6-8

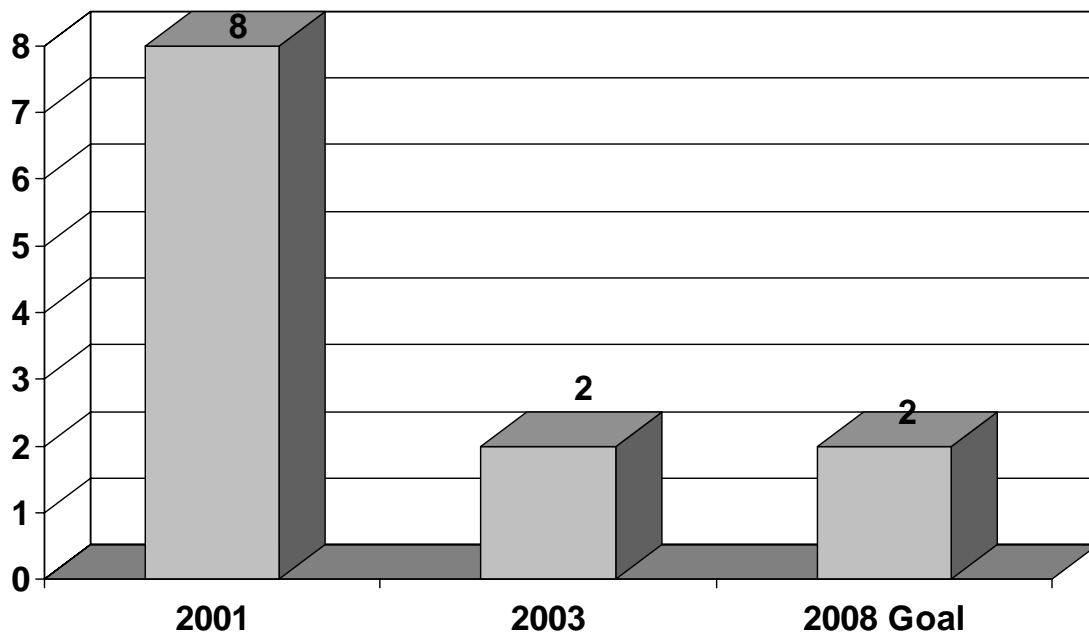


Percent of Current Spit Tobacco Users Grades 9 – 12



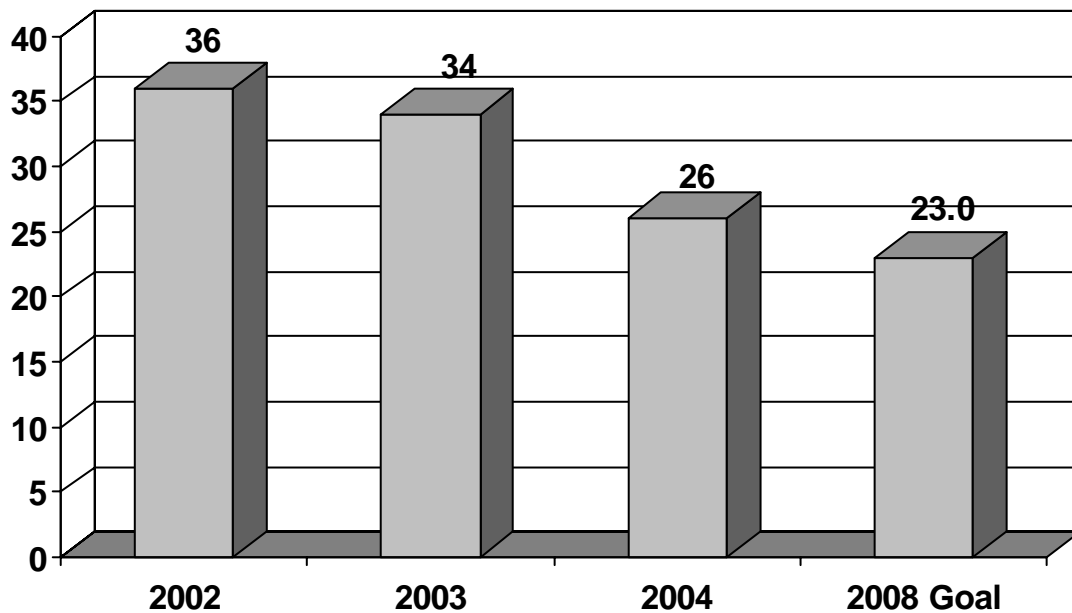
South Dakota Youth Risk Behavior Survey: Grades 9, 10, 11, and 12

Percent of Current Spit Tobacco Users Grades 6-8



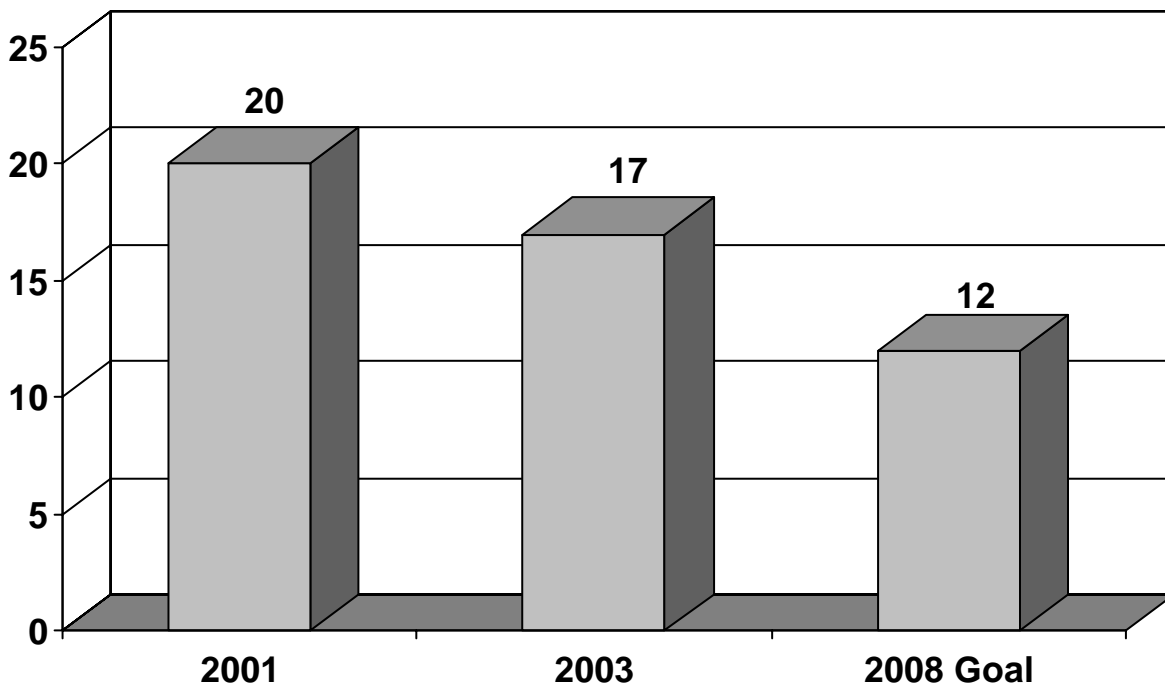
South Dakota Youth Tobacco Survey: Grades 6, 7, and 8

Percent of 18 – 24 year olds who smoke



South Dakota Behavioral Risk Factor Surveillance System

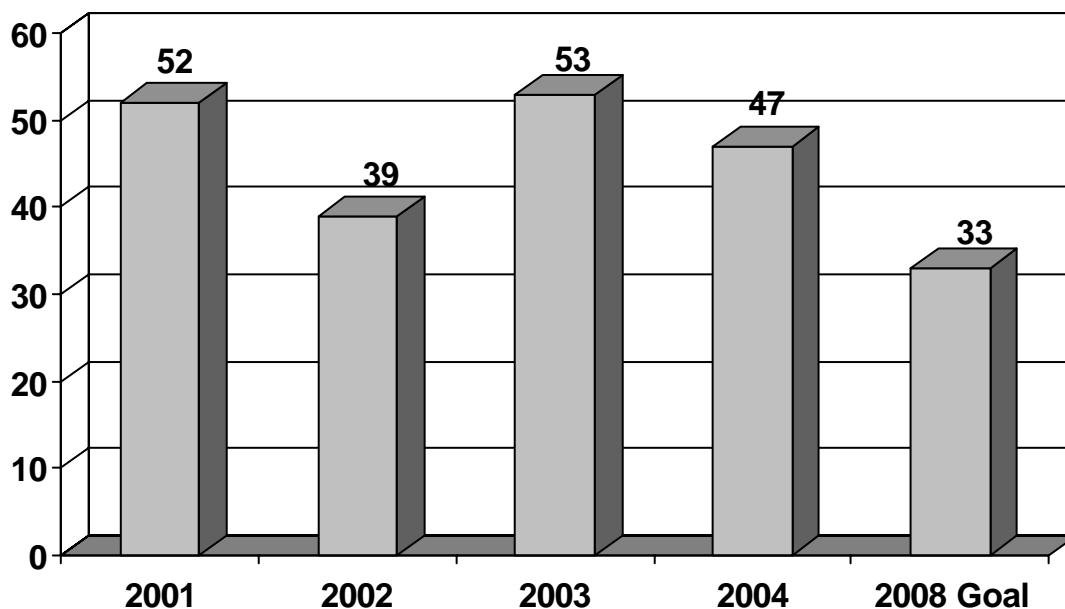
Percent of 18 – 24 year old males who use spit tobacco*



South Dakota Behavioral Risk Factor Surveillance System - * Some days or every day.
The most recent data available is from 2003

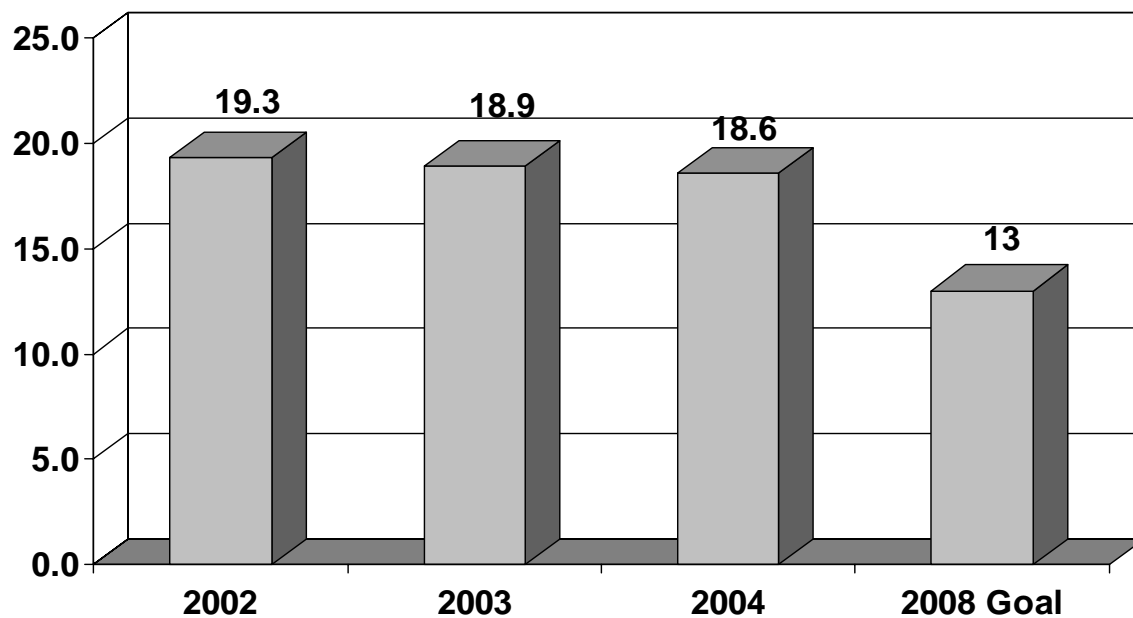
Goal 2. Persuade and help smokers to stop smoking.

Percent of American Indians Who Smoke



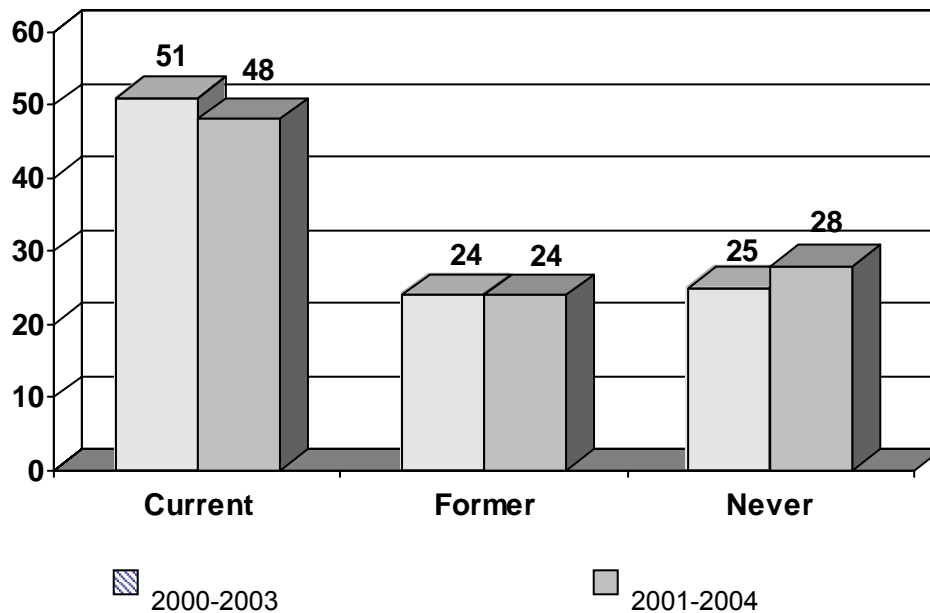
South Dakota Behavioral Risk Factor Surveillance System

Percent of Pregnant Females Who Smoke During Pregnancy



Office of Data, Statistics & Vital Records, South Dakota Department of Health

Percent of Medicaid Clients That Smoke



Source: South Dakota Behavioral Risk Factor Surveillance System

Goal 3. Protect nonsmokers by reducing their exposure to secondhand tobacco smoke.

Secondhand smoke, the smoke given off the burning end of tobacco products and exhaled by smokers, is a known human carcinogen (cancer-causing agent). Secondhand smoke is a serious health threat to *non* smokers, increasing non smokers' risk for lung cancer, heart disease, cancer, lung disease, and other serious health problems.

Young children are especially susceptible to secondhand smoke because their lungs are not fully developed. Exposure to secondhand smoke is associated with an increased risk for sudden infant death syndrome (SIDS), asthma, bronchitis, pneumonia, chronic cough, ear infections, and has even been linked to poor reading and cognitive ability.

According to the 2004 Adult Tobacco Survey (ATS), 81% of respondents working indoors report that the official policy does not allow smoke in any work area, compared to 78% in the previous survey. Also in 2004, among those currently employed, 74% report smoking is not allowed in public areas – compared to 75% in the previous survey.